

AHRQ's Primary Care Practice Facilitation Forum

This email newsletter is the first step in building a learning network for individuals with an interest in practice facilitation. We will use this listserve to share perspectives on questions and answers submitted by learning forum members, as well as resources, research articles, and events of interest.

Perspectives from the Field **April 27, 2012**

How does a facilitation program assess a practice's needs and determine a practice's readiness for a facilitation intervention?

Below are some perspectives from two PF experts:

- *Brenda Fraser, M.Sc, Cancer Care Ontario*
- *Mary Ruhe, R.N., M.P.H., Case Western Reserve University*

Other programs are likely to have different perspectives, depending on their focus, context, and other factors. How does your experience compare?

How does a facilitation program assess a practice's needs?

Mary Ruhe: A variety of approaches can be used. Some assessment strategies are linked to the specific services a program provides. A simple approach is to offer a list of options to a practice and have them identify their own needs. My experience leads me to advocate for a balance between the expressed needs of a practice and the insights drawn from a facilitator's review of relevant practice performance data, observations of practice behaviors, and assessment of practice processes for efficiency, consistency, and adherence to practice goals or vision statements.

How does a facilitation program determine a practice's readiness for a facilitation intervention?

Brenda Fraser: When a practice indicates their desire to join the QI initiative or receive facilitation support (i.e., formally completes an application or expression of interest), the opportunity to make an initial link with a facilitator begins. This is an important first step in relationship building and identifying the state of practice readiness. Direct contact with the practice is recommended (either via telephone or face to face) to establish that the practice understands what is involved (knowledge, skills, resources and motivation) and what will be offered to them as part of the program. This discussion can help determine if they are prepared to commit to the necessary effort required to make sustainable changes. The initial contact should include all members of the practice team who will be involved—in order to assess the

level of understanding and commitment of everyone, as opposed to a single champion. The assessment should explore factors related to leadership support, available resources (including staff and information technology), openness to external facilitation, willingness to measure and report, and competing priorities within the practice. A number of facilitation programs have developed readiness assessments that are administered to derive a score on several different dimensions that is then used to flag areas where the practice may experience difficulty. Some programs have also developed readiness assessments that can be self-administered by a practice.

While there is potential for all practices to benefit from participation in a QI initiative that offers facilitation, busy office practices can become overwhelmed and then fail to invest the necessary time to realize changes that provide the motivation to continue. For example, building projects that involve relocation or disruption, implementation of electronic medical records, or staff turnover can present significant challenges to a practice seeking to engage in a facilitation program and need to be carefully considered when assessing readiness. Readiness needs to be considered as part of a continuum so that the facilitation effort can focus on what will equip the practice to be successful in their change efforts. This approach involves a degree of role tailoring that requires flexibility and responsiveness in the facilitation intervention to adapt to what the practice may need in real time. Strategies that target upfront investment in structured engagement, accurate assessment, readiness work integrated into relationship building, and role tailoring are likely to lead to more successful facilitation interventions with primary care practices over time.

Mary Ruhe: There are instruments for assessing organizational readiness to change available from many sources including web searches (<http://www.nrtrc.org/wp-content/uploads/08-1129-FINAL-CTEC-Discovery-Series.pdf>) and AHRQ resources ([Developing and Running a Primary Care Practice Facilitation Program: A How-To Guide](#)). Look toward respected sources, tools used by successful programs and then “try on” readiness assessment tools to see which ones fits with the facilitation services your program offers. My experience is with using a practice change model (<http://www.ncbi.nlm.nih.gov/pubmed/15190858>) to structure informal interviewing and practice observations. I like to talk to practice members and leaders to hear first-hand how they feel about change efforts in general, the practice’s past experience with implementing change, and most importantly, the motivation and perceived ability of the practice to make a the specific change desired at the moment. I can then reflect back to the practice my observations, perceptions of practice strengths and weaknesses with regard to a change plan, and if needed, point out any contradictions in perceptions. Discussions like this, particularly when coupled with a written assessment, can give all parties a shared understanding of how ready a practice is to implement a proposed change.

What do you think?

Please join the discussion by sending your thoughts to us at PracticeFacilitation@mathematica-mpr.com . Your responses will be compiled and shared in weekly newsletters.

Question of the Week

- How does a facilitation program use local learning collaboratives to reinforce its work with practices?

Submit your thoughts to PracticeFacilitation@mathematica-mpr.com. Your responses will be shared in next week's newsletter.

Do you have other questions? Open a discussion by sending your questions to the same address.

Upcoming Event

Practice Facilitation Webinar- Part III

Wednesday, May 30th, 12-1:30 pm EDT **Save the Date!**

Title: Designing and Evaluating Your Facilitation Work

Description: What are emerging “best practices” in practice facilitation program designs? What are the essential elements of a facilitation intervention? How do you create an internally consistent program? How do you evaluate its effectiveness? What do you need to know about the internal quality improvement processes for your program?

The Webinar registration link will be included in future newsletters. Stay tuned!

Resources

Check out the new [PCPF Updates page](http://www.pcmh.ahrq.gov) at the PCMH Resource Center

(www.pcmh.ahrq.gov). We've posted information about upcoming learning opportunities, slides and audio from the first Practice Facilitation Webinar (held on February 2, 2012), and previous editions of the PCPF eNewsletter. Slides and audio from the most recent PF Webinar will be posted soon! The Resource Center also offers white papers, briefs, a searchable citations database, and other resources related to the Patient-Centered Medical Home and primary care improvement.

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